Approved for use through 7/31/2006. OMB 0651-0032 U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE
Office of Information Unless it displays a valid OMB control number. U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

- 1	MULTIPLE DEPENDENT CLAIM								Application Number Filing Date							
·									10/650/160 Faling					ig Uate .		
	TEE CALCULATION SHEET								Applicant(s)							
- 1	Substitute for Form PTO 1360								pplican	t(s)						
ŀ			(For use	with For	m PTO/SE	3/06)		ı								
ŀ	CLAIMS	1 46							lau ba							
- 1	AFTER FIRST AFTER SECON						SECOND	May be used for additional claims or amendments								
r		Indep	Depend		·AMENDMENT		NDMENT	11						1		
- 1	1	- 110Cp	Depend	Indep Depend		Indep Depend		1		Indep	T 0	 				
. [2	/	 	 -/ -	 				51	1.00	Depend	Indep	Depend	Indep	Depend	
	3		17/			ļ			52	· -	 	 	 			
L	4		/				 		53		 		 			
<u> </u>	5				7	 	 		54				 			
ļ	6				/	 	 	<u> </u>	55				 			
_ -	7		1		_/			-	56 57	 						
` -	9		-		7			_	58							
-	10		4		/				59						-	
	11	7						-	60	·						
	12		7	-	-,, 				51				-			
-	13				, -				32							
	14				7				3							
-	15		./		T			1	5							
-	17		-		_/				6							
	18							-6								
	19				-, -			6	θ							
	20							6								
	21				1-1			7								
	22 23				1			7					_			
	24				1			73		 -						
	25				, 			74			 -					
	26				-,- -			75						_		
	18				/			76	-							
	9							77	-							
	0				1			79								
3	1				,			80								
3					7			81								
3								82								
35					7			84								
36								85	+-							
. 37								86								
38								67								
39 40								88 89								
41								90	+							
42								91	1				$ \Gamma$			
43		-						92	I^-]	
44								93	4_							
45 46								94 95	-						—	
46	- 						-	96	┪—						\dashv	
48								97	1							
49								98	1					_		
50	\Box							99								
Total	2		11	1		- 		100	-			1		- 		
Indep Total		_	4		1			Total Indep				1	_	- -		
Depen	d 15		33	◄ —		→	h	Total	†		<u> </u>	الـ		_	ł	
Total	17	,						Depend	L		1.	◄		₹	Í	
Claims	11/		31		1	ı	[Total		T						
								Claims	L	1	- 1	1	- 1	Ī	1	

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the Complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.